

**Application Data Sheet****Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**MICROMACHINED GYROSCOPIC SENSOR  
WITH DETECTION IN THE PLANE OF THE  
MACHINED WAFER**

Attorney Docket Number::

**4590-390**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

**3****Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Liviu**

Middle Name::

Family Name::

**NICU**

Name Suffix::

City of Residence::

**La Roche De Glun**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**15, Lotissement de la Saune**

City of Mailing Address::

**La Roche De Glun**

Postal or Zip Code::

**26600**

**Applicant Authority Type:: Inventor**  
**Primary Citizenship Country:: France**  
**Status::**  
**Given Name:: Claude**  
**Middle Name::**  
**Family Name:: ROUGEOT**  
**Name Suffix::**  
**City of Residence:: Lyon**  
**State or Province of Residence::**  
**Country of Residence:: France**  
**Street of Mailing Address:: 6, Cours Gambetta**  
**City of Mailing Address:: Lyon**  
**Postal or Zip Code:: 69007**

**Applicant Authority Type:: Inventor**  
**Primary Citizenship Country:: France**  
**Status::**  
**Given Name:: Jérôme**  
**Middle Name::**  
**Family Name:: INGLESE**  
**Name Suffix::**  
**City of Residence:: Guilhaierand Granges**  
**State or Province of Residence::**  
**Country of Residence:: France**  
**Street of Mailing Address:: 190, Allée du Grand châtelet**  
**City of Mailing Address:: Guilhaierand Granges**  
**Postal or Zip Code:: 07500**

Applicant Authority Type:: **Inventor**  
 Primary Citizenship Country:: **France**  
 Status::  
 Given Name:: **Bertrand**  
 Middle Name::  
 Family Name:: **LEVERRIER**  
 Name Suffix::  
 City of Residence:: **Montelier**  
 State or Province of Residence::  
 Country of Residence:: **France**  
 Street of Mailing Address:: **15, rue Chantebise**  
 City of Mailing Address:: **Montelier**  
 Postal or Zip Code:: **26120**

### **Correspondence Information**

Correspondence Customer No:: **33308**  
 Phone Number:: **(703) 684-1111**  
 Fax Number:: **(703) 518-5499**  
 E-Mail Address::

### **Representative Information**

Representative Customer Number::  
**Representative Designation:: Registration Number:: Representative Name::**  
*Primary or Associate*

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>02/13835</b>	<b>November 5, 2002</b>	<b>Yes</b>
	<b>PCT/EP2003/050785</b>	<b>November 3, 2003</b>	<b>Yes</b>

### Assignee Information

Assignee Name:: **THALES**  
Street of Mailing Address:: **45, rue de Villiers**  
City of Mailing Address:: **Neuilly Sur Seine**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **92200**